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IMPORTANT NOTICE TELECOPY/FACSIMILE COVER LETTER

TO: U.S. Patent and Trademark Office
Examiner: Deborah A. Davis
Art Unit: 1641

DATE: June 10, 2005

FROM: Wei-Ning Yang/Barry Shuman

TIME:

TOTAL NO. OF PAGES, INCLUDING COVER: 15

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MESSAGE:

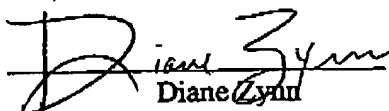
RE: U.S. Patent Application Serial No.: 09/675,020, Our Ref. 81841.0161

I hereby certify that the following documents:

- Amendment Transmittal Letter
- Amendment Under 37 C.F.R. § 1.116

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

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Diane Zynn

TELECOPY/FAX NUMBER: 703-872-9306 - Art Unit 1641

CLIENT NUMBER: 81841.0161

ATTORNEY BILLING NUMBER: 6085

CONFIRMATION NUMBER: 213/337-6867 (please return fax to Diane Zynn)

FORM PTO-1083

2014-181 (81841.0161)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Robert S. Matson

Serial No: 09/675,020

Filed: September 28, 2000

For: DEVICE AND APPARATUS FOR PROCESSING BIOMOLECULE ARRAYS

Art Unit: 1641

Examiner: Davis, Deborah A.

I hereby certify that this correspondence is being transmitted via facsimile to (703) 872-9306: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 on

June 10, 2005

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Signature Date 06/10/05

Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	27	-	30	0	LG=\$18 SM=\$9	\$ [FEE] \$ 0
INDEPENDENT CLAIMS FEE	2	-	3	0	LG=\$84 SM=\$42	\$ [FEE] \$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ [FEE]
TOTAL						\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.

☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. A copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By: Barry M. Shuman

Wei-Ning Yang (Contact Person)

Registration No. 38,690

Attorney for Applicant(s)

Barry M. Shuman

Registration No. 50,220

Date: June 10, 2005

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Appl. No. 09/675,020
Amdt. Dated June 10, 2005
Reply to Office Action of March 11, 2005

Attorney Docket No. 81841.0161
Customer No. 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Robert S. Matson
Serial No.: 09/675,020
Confirmation No.: 7650
Filed: September 28, 2000
For: DEVICE AND APPARATUS FOR
PROCESSING BIOMOLECULE
ARRAYS

Art Unit: 1641

Examiner: Davis, Deborah A.

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AMENDMENT UNDER 37 C.F.R. § 1.116

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action dated March 11, 2005, please amend
the above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on
page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.